

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Northern District of Ohio

Jeff Defiore

Plaintiff(s)

v.

City of Lyndhurst, Ohio, et al.

Defendant(s)

Civil Action No. 1:19cv2446

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* City of Lyndhurst, Ohio
5301 Mayfield Road
Lyndhurst, OH 44124

A lawsuit has been filed against you.

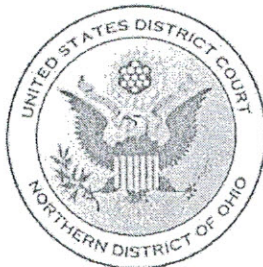
Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Kenneth D. Myers, Esq.
6100 Oak Tree Blvd., Suite 200
Cleveland, OH 44131

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

SANDY OPACICH, CLERK OF COURT

Date: 10/21/2019



s/ R. Bradway

Signature of Clerk or Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* City of Lyndhurst, Ohio
was received by me on *(date)*

☐ I personally served the summons on the individual at *(place)*
on *(date)*; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)*
, a person of suitable age and discretion who resides there,
on *(date)*, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)*, who is
designated by law to accept service of process on behalf of *(name of organization)*
on *(date)*; or

☐ I returned the summons unexecuted because; or

☒ Other *(specify)*: certified mail (see attached)

My fees are \$ for travel and \$ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 11/22/19

Kenneth D. Myers

Server's signature

Kenneth D. Myers Attorney

Printed name and title

*6100 Oak Tree Blvd #200
Cleveland, OH 44131*

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY													
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Clarence J. White</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>													
<p>1. Article Addressed to:</p> <p>City of Lyndhurst, Ohio 5301 Mayfield Rd. Lyndhurst, OH 44124 Attn: Law Director</p>	<p>B. Received by (Printed Name)</p> <p><i>CJ White</i></p>	<p>C. Date of Delivery</p> <p><i>10-31-19</i></p>												
<p>2. Article Number (Transfer from service label)</p> <p>7019 0700 0002 3134 9176</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>													
<p>9590 9402 5070 9092 1350 12</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
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<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™													
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery													
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>														